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Hove & Portslade Divisional Executive



# REPORT

on the

Health of the School Children

DURING THE YEAR

1957

by

N. E. CHADWICK, M.A., M.D., D.P.H.

*Divisional School Medical Officer,*

TOWN HALL ANNEXE, HOVE.



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MR. CHAIRMAN, LADIES AND GENTLEMEN,

Last year when I detailed the history of the School Health Service since its inception fifty years earlier. I suggested that despite many imperfections it performs a useful and unique function in reviewing the child as an individual on both the physical, mental and emotional planes and on occasion discovers defects capable of amelioration or cure which otherwise would have remained hidden until further deterioration had made their presence obvious. The conditions under which these inspections are made, the age of the child and sometimes the absence of parents, are entirely different from the visit to the doctor's surgery where attention is directed to one particular complaint or indication of ill health, or to the much more meticulous examination of the medical boards for entrants to the services, often with facilities for the performance of specific tests. In both these instances disabilities may be discovered which may not have been recorded on the school medical record cards either because they have developed since leaving school or because there is no history of the occurrence. This does not mean that our inspections are necessarily cursory or valueless, but rather that during the short time at our disposal there is not the same opportunity to go into detail or use elaborate techniques. They do also afford an opportunity of meeting the parents—usually, however, the mother, of discussing any particular problems and of putting over a certain amount of Health Education.



## General Condition of the Children.

The total number examined was in toto about the same as in previous years but owing to the demands of B.C.G. Vaccination and other inroads on the Doctors' time it was not possible to devote so many sessions to the entrants in the spring time when the large intake of the previous September normally come up for inspection. It is again noteworthy that under the Ministry of Education's classification the physical condition of over 98% was recorded as satisfactory and only just over 1% unsatisfactory. Of those requiring treatment or at least further expert investigation, the largest group was that of defective vision, including 31 cases of squint, only 15 of which were amongst the entrants. The prospect of complete cure even at this early age is diminished by this lapse of time and postponement of treatment until later reduces that prospect still further. Squints are not defects which one grows out of at the magical age of seven and any case met with at the Infant Welfare Centre is promptly referred to the School Ophthalmic Surgeon. It is satisfactory to find that the majority of defects requiring or susceptible to treatment are revealed at the latest at the second medical inspection, the exception being errors of refraction which frequently are delayed until the later ages. As, however, it is important to correct these as soon as possible and there is a gap of at least 4 years between the second and final medical inspections, a special eye test is carried out at the age of 13 by the Health Visitors in the Secondary Modern and Grammar Schools and the failures referred for further investigation either to the School Ophthalmic Surgeon or to an Optician according to the parent's choice.

## School Dental Service.

This year, with a more established dental staff, it was found possible to increase the number of dental inspections in the schools with the result that some 7,500 were examined, 4,800 of whom (65%) were considered to require treatment and 3,500 of these were actually offered it. The difference between these two sets of figures lies in the number who say that arrangements are made with private dentists. That this assertion is not always correct is proved on occasion by the results of the next inspection about 18 months later, when if no treatment has been carried out in the meanwhile, pressure is put on the parent to provide it. Orthodontic treatment, *i.e.*, the regulation of maladjusted teeth, except in its simplest form, cannot be undertaken through lack of time or facilities by the School Dental Staff, but each dentist was able to deal with a few cases during the year, others being referred to the Children's Hospital.

It is surprising that dental disease, the result of dental neglect, should receive such scant attention and a fatalistic attitude towards dental decay should be so common. Probably this accounts in the main for the 16,000,000 artificial dentures supplied through the National Health Act since 1948 and the frequency with which quite young adults are seen wearing—sometimes with pride—complete sets. Dental disease is an example of a disease which is preventable

by adherence to the simple rules of oral hygiene—tooth brushing especially at night, the rinsing of the mouth after meals with plain water, the control of the amount and times of carbohydrate consumption and accompanied by regular visits of inspection to the dentist. Of course fluoridation of water supplies mentioned in last year's report would by itself reduce the amount of dental caries appreciably, but in the absence of national acceptance of this method we must rely on Education and somehow we seem to have failed to catch the imagination of the average parent upon whom the responsibility lies, by our present methods. If they were as interested in an uncontaminated mouth as they are in the cleanliness of the food they put into it, we should see an improvement in a very short time, but in the meanwhile we need to increase the number of dentists in the country—our present proportion of 1 to 3,600 of the population and 1 to 10,000 of the school population, is not sufficient to deal with the dentally-minded parent and child.

### **Visual Defects.**

There is always a considerable difference between the number of children referred for refraction and those for whom glasses are actually prescribed, but this is because the screening carried out by the Health Visitors prior to the Doctor's inspection is a relatively coarse one, not always under the standard conditions of lighting and distance of the ophthalmic surgery. It is, however, better that children should be referred unnecessarily than they should not be referred at all. In 1957 some 400 were referred either to the School Ophthalmic Surgeon or to Opticians—200 were known to have been dealt with by either of these agencies and 150 fitted with glasses. There is a considerable discrepancy between these figures, but although the parent has the choice of obtaining treatment through the School Service, optician or the supplementary Ophthalmic Service, the only accurate records we have are for our own service. The form handed to the parent to take to the optician, if she so elects, contains a request that a copy of his prescription should be sent to us for entry on the medical record card, but the proportion returned obviously falls far below the total written.

In July, Dr. Macpherson, who for ten years had been responsible for the School Ophthalmic Service and has done so much to develop it on the right lines, resigned his appointment, and after discussion with the Regional Hospital Board it was decided that they in future should provide the Consultant as part of the Hospital Service. Dr. Gilkes took over in September and since that time a weekly clinic has been held at the Hangleton Clinic to which children of and below school age could be referred. The provision of a weekly session has meant that appointments could be made within a week or so of the original sight test in the Schools.

### **Child Guidance Clinic.**

The table on page 18 sets out in detail the modes of reference, the type of problem and the method of treatment of all cases referred to the Hove Clinic during 1957. The most pressing need of the moment



is for improved accommodation—the basement premises below the Chest Clinic have many deficiencies but so far it has not been found possible to find any alternative. Ideally the Clinic should be held in the same building as the other activities of the School Health Service, so that there is ample opportunity of personal discussion on cases with the other members of the staff. Unfortunately none of our Clinics have either the space or the free sessions for this purpose.

It is still the case that a child may have to wait nine months for an appointment, which emphasises the necessity of the preliminary screening by the School Health Service.

### Physically Handicapped Children.

The total number in the Division is as follows :

Blind and Partially-Sighted Pupils	5 boys and 1 girl—all in special schools.
Deaf and Partially-Deaf Pupils	6 boys and 5 girls—all in special schools.
Epileptics	1 boy—in a special school.
Delicate Pupils	1 boy—in an open-air school.
Physically Handicapped Pupils	In Special Schools : 4 boys and 2 girls. At Ordinary Schools : 3 boys and 2 girls. Home Tuition : 3 boys.

### Educationally Subnormal Children.

In residential Schools	..	..	..	7
Attending day Special Schools	..	..	..	46
Recommended for special school education but for various reasons not placed	..	..	..	10
Recommended for special educational treatment in the ordinary school	..	..	..	44

As mentioned in the report for 1956, the day special school held in the Bishop Hannington Hall for girls from 7-16 years and boys 7-11 years, opened in September—a temporary measure, it is hoped, pending the erection of a permanent building for which a site has been earmarked and catering for double the number of children. Despite the handicap of sufficient separate accommodation to accommodate the small groups graded according to the varying levels of intelligence, the School settled down very quickly and had a most successful first term.

Speech Therapy.

Last year I referred to the need for a whole-time Speech Therapist for this area and a survey carried out in the autumn term by Miss Bentley, the present part-time Officer, showed that in the 11 Schools visited, only half of the total, there were 107 children in need of treatment who were unable to receive it. Unfortunately sanction for this appointment was only received as from the 1st April, 1958, but this will mean not only increasing the present services in Hove but extending them to Portslade, hitherto inadequately catered for, and also to the Downs Special School. Even so, with the limited time allowed so far, Miss Bentley completed the treatment of 79 cases, in only 6 of which was no improvement achieved.

B.C.G.

In March 1957, a pilot scheme for this method of protection against Tuberculosis was inaugurated for school leavers. Briefly this provided, with parental consent, for a preliminary skin test (Mantoux) to pick out the susceptibles—Mantoux Negative—from those already infected with the Tubercle Baccilus—Mantoux Positive. The former are given an intradermal injection of B.C.G.—a live attenuated Tubercle Vaccine designed to produce the same immunity without the risks of the natural infection. The latter are X-rayed to show whether they have been merely infected or show actual signs of the disease as revealed on the film.

For a new departure of this kind a great deal of preliminary publicity and propaganda is necessary if the acceptances are to be of the 80% level hoped for. Unfortunately there was not sufficient time available before the scheme started, particularly as it had to be completed in time to arrange for the necessary X-raying by the Mass Radiography Unit on its visit to Hove in April. A letter and an explanatory leaflet was sent to every parent with a child in the right age group and evening meetings arranged in three of the schools, spaced to meet the convenience of any parents who had queries to raise. These were very poorly attended and only about 45% of those approached accepted, but at the time general interest was centred on protection against Poliomyelitis rather than Tuberculosis.

Number Tested	..	..	..	..	426
Number Mantoux Positive	(9.4%)	..	..	..	46
Number Mantoux Negative	(90.6%)	..	..	..	364
Number Vaccinated with B.C.G.	..	..	..	..	364
Number absent or refused B.C.G.	..	..	..	:	16

The 46 children who were Mantoux Positive were X-rayed at the Hove Town Hall, along with any family contacts who agreed to accompany them, and two cases of actual Tuberculosis were discovered and received the necessary treatment through the Hove Chest Clinic. The discovery of a definite case always involves a search for the source of infection, which if it is in the family is comparatively simple, but so often, as in these two cases, nothing could be discovered.



The very high percentage of Mantoux Negative cases—90%—amongst these teenagers just about to leave school and take up work involving much more close contact with adults and therefore much more risk of contracting Tubercle during these years of adolescence, shows the vital responsibility placed upon parents to accept this form of protection which has a duration of at least 5 years.

**Infectious Disease.** The outbreak of Poliomyelitis affecting the Portslade Schools in November 1956, died out in December and when the infection passed over into Hove early in 1957 it was adults who were mainly affected. Between January and the end of August there were 13 cases, only 2 of which were in children of school age—both Non-Paralytic.

The anticipated spread of Asian Influenza reached this country in the colder weather of September and October and it is interesting to note that children in the schools were the first to be affected—the attendances in infant and junior departments were reduced by 20-30%—thereafter the disease spread to the younger brothers and sisters at home and then to the adults of the family. It was mainly the young and the elderly who developed it and the latter were the only ones in which deaths occurred. It is obvious that although winter is the season of the year in temperate zones in which this disease appears, it cannot be a question of the low temperature only, otherwise tropical countries would never get epidemics. It is probable that states of aggregation and duration of crowding are important factors induced by the colder weather. If this is so it will account for the start being made amongst children in school—susceptible because of their age and aggregated for considerable periods during the day. The behaviour of Asian Influenza suggests that the virus is a poor spreader and needs a heavy dose to infect in which case those with poor specific immunity, *i.e.*, young children herded together, would be likely to succumb first. In some quarters it was thought that the first wave in October and November would be followed by a second and possibly more virulent one during the months of January to February 1958, and it was largely on this basis that the Influenza Vaccine was offered to selected groups, doctors, nurses, etc. In point of fact no second wave appeared and no opportunity was afforded of testing the efficiency of the vaccine. Although initially Asian Influenza appeared quite mild and there was very little danger to life, it was followed, particularly amongst the teenagers and younger adults, by malaise and depression which took many weeks to disappear.

### **General Administration.**

The future of the swimming bath at Davigdor Road School continued to be debated throughout the year and was finally resolved by a decision of the Divisional Executive in September not to pursue the matter further in the light of the County Architect's estimate that the final cost would be over £5,000. The bath was constructed in 1893 and was in use on the "empty and fill" method without any chemical purification until 1945 when, in the light of the danger of

the spread of Poliomyelitis, it was closed on my advice. Estimates of £2,000 for the installation of a chlorinating plant were prepared in 1949 but by 1955 these had risen to between £2,300-£3,500 and did not include certain additional works which I deemed essential to the maintenance of cleanliness and the proper use of the bath. There was in addition the question of alterations to the boiler room. From the point of view of those who would have used the bath had it been brought into use the decision was undoubtedly disappointing, but even if the full sum had been spent I am doubtful whether it would have made a bath completely up to modern standards and certainly the maintenance of an effective standard of purity would have presented quite a number of technical problems.

My advice was asked for in connection with the provision of equipment for field events, javelin, discus and weight throwing in schools possessing their own playing fields and I suggested that these should be allowed under the following conditions :

- I. No weight throwing for Girls' Schools.
- II. In Boys' Schools the use of the weights to be restricted to boys of suitable physique.

Whilst the actual compilation of these annual reports is entirely my own effort and the opinions expressed are solely my own, I am deeply sensible that without the continued loyal support of the whole of the staff, none of this basic material upon which they are founded would be available. To them I am most grateful not only for the efficient performance of the routine duties, but also their ready response when additional demands are made upon them. Dr. Martin, the School Medical Officer, has borne the brunt of the organisation of the School Health Service as well as carrying out most of the clinical work, in which he has been at all times fully supported by the two Assistant Medical Officers, Doctors Firth and Eyles, the Health Visitors, the School Dental Staff and the Clerical Staff. To Dr. Langford and Mr. Stearman I am also indebted for advice and assistance whenever required, and to the Special Services Sub-Committee for their support and encouragement throughout another year.

I have the honour to be,

Your obedient servant,

N. E. CHADWICK,  
*Divisional School Medical Officer.*

**TABLE I.**

**A. PERIOD MEDICAL INSPECTIONS.**

Number of Inspections in the prescribed Groups.

Entrants .. ..	604
Leavers .. ..	659
Second Age Group .. ..	966
<hr/>	
Total .. ..	2229
Number of other Periodic Inspections .. ..	474
<hr/>	
Grand Total .. ..	2703
<hr/>	

**B. OTHER INSPECTIONS.**

Number of Special Inspections .. ..	442
Number of Re-Inspections .. ..	671
<hr/>	
Total .. ..	1113
<hr/>	



C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

- NOTES. (1) Pupils found at a Periodic Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.
- (2) No individual pupil should be recorded more than once in any column of this Table, and, therefore, the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups Inspected	For defective vision (excluding squint)	For any of the other conditions recorded in Table III A	Total Individual Pupils
(1)	(2)	(3)	(4)
Entrants ..	15	50	65
Leavers .. ..	127	33	155
Second Age Group ..	143	99	219
Total .. ..	285	182	439
Additional Periodic Inspections ..	98	82	163
Grand Total ..	383	264	602

**D. CLASSIFICATION OF THE PHYSICAL  
CONDITION OF PUPILS INSPECTED IN THE AGE  
GROUPS RECORDED IN TABLE I A.**

Age Groups Inspected	Number of Pupils Insp'ed	Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrants ..	604	596	98	8	1
Leavers ..	659	650	98	9	1.5
2nd Age Group ..	966	949	98	17	2
Additional Periodic Inspections ..	474	474	100	—	—
Total ..	2703	2669	98	34	1

**TABLE II.**  
**INFESTATION WITH VERMIN.**

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons .. .. .	15145
(ii)	Total number of <i>individual</i> pupils found to be infested .. .. .	42
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act 1944) .. .. .	42
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act 1944) .. .. .	—



**TABLE III.**  
**RETURN OF DEFECTS FOUND BY MEDICAL**  
**INSPECTION IN THE YEAR ENDED**  
**31st DECEMBER, 1957.**

**A. PERIODIC INSPECTIONS.**

Defect Code Number	Defect or Disease	PERIODIC INSPECTIONS				TOTAL including all other age groups inspected	
		Entrants		Leavers		Requiring Treatment	Requiring Observation
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin .. ..	3	2	7	2	34	5
5	Eyes—						
	(a) Vision ..	15	5	127	7	383	26
	(b) Squint ..	15	3	3	—	31	3
	(c) Other ..	1	—	1	—	9	2
6	Ears—						
	(a) Hearing ..	—	—	—	—	2	2
	(b) Otitis Media ..	—	—	—	—	—	—
	(c) Other ..	1	1	1	—	4	2
7	Nose or Throat ..	7	24	1	3	18	34
8	Speech .. ..	5	2	2	1	12	5
9	Lymphatic Glands	—	21	—	—	1	23
10	Heart .. ..	—	6	2	7	5	21
11	Lungs .. ..	—	5	1	8	9	22
12	Developmental—						
	(a) Hernia ..	—	—	—	—	2	1
	(b) Other ..	1	1	1	2	8	17
13	Orthopaedic—						
	(a) Posture ..	—	1	—	2	37	4
	(b) Feet ..	5	8	2	—	33	14
	(c) Other ..	7	9	6	4	40	26
14	Nervous System—						
	(a) Epilepsy ..	1	—	—	1	2	1
	(b) Other ..	2	4	2	1	6	9
15	Psychological—						
	(a) Development	—	3	1	—	1	5
	(b) Stability ..	1	3	2	—	5	4
16	Abdomen ..	1	3	—	—	4	4
17	Other .. ..	—	—	1	—	4	—

TABLE III (Contd.)

B. SPECIAL INSPECTIONS.

Defect Code No.	Defect or Disease			Special Inspections	
				Requiring Treatment	Requiring Observation
(1)	(2)			(3)	(4)
4	Skin	..	..	8	4
5	Eyes—				
	(a)	Vision	..	31	9
	(b)	Squint	..	13	2
	(c)	Other	..	6	6
6	Ears—				
	(a)	Hearing	..	8	8
	(b)	Otitis Media	..	1	1
	(c)	Other	..	—	2
7	Nose and Throat	..	..	16	23
8	Speech	..	..	40	14
9	Lymphatic Glands	..	..	—	2
10	Heart	..	..	6	27
11	Lungs	..	..	13	10
12	Developmental—				
	(a)	Hernia	..	—	—
	(b)	Other	..	16	33
13	Orthopaedic—				
	(a)	Posture	..	21	4
	(b)	Feet	..	34	11
	(c)	Other	..	31	18
14	Nervous System—				
	(a)	Epilepsy	..	5	1
	(b)	Other	..	10	2
15	Psychological—				
	(a)	Developmental	..	7	23
	(b)	Stability	..	23	34
16	Abdomen	..	..	—	5
17	Other	..	..	5	14

**GROUP 1. EYE DISEASES, DEFECTIVE VISION AND SQUINT.**

	Number of cases known to have been dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint .. ..	5	—
Errors of Refraction (including squint)	138	78
Total ..	143	78
Number of pupils for whom spectacles were Prescribed .. ..	86	58

**GROUP 4. DISEASES OF THE SKIN**

	Number of cases treated or under treatment during the year	
	by the Authority	
Ringworm (i) Scalp .. ..	—	
(ii) Body .. ..	—	
Scabies .. ..	—	
Impetigo .. ..	—	
Other skin diseases .. ..	14	
Total ..	14	



**GROUP 5. CHILD GUIDANCE TREATMENT.**

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Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority .. ..	62
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**GROUP 6. SPEECH THERAPY.**

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Number of pupils treated by Speech Therapists under arrangements made by the Authority .. ..	79
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**GROUP 7. OTHER TREATMENT GIVEN.**

(a) Number of cases of Miscellaneous Minor Ailments treated by the Authority .. ..	—
(b) Pupils who received convalescent treatment under School Health Service arrangements .. ..	—
(c) Pupils who received B.C.G. vaccination ..	364
(d) Other than (a), (b) and (c) above .. ..	—

## HOVE CHILD GUIDANCE CLINIC, 1957.

During the year 46 Hove and Portslade children were referred to the Clinic as follows :

### Referred by—

Assistant School Medical Officers	..	..	32
Private Doctors	..	..	5
Hospitals and Other Clinics	..	..	5
Chief Education Officer	..	..	2
Children's Officer	..	..	2

### Problems—

Personality Problems and Nervous Disorders	..	18
Habit Disorders	.. ..	4
Behaviour Disorders	.. ..	19
Education Difficulties	.. ..	5

### How Dealt With—

Advice	.. ..	7
Psychiatric Treatment	.. ..	15
Psychiatric Treatment and Coaching	..	2
Supervision	.. ..	2
Withdrawn before completion	.. ..	4
Transferred to Lady Chichester Hospital (Out-Patient Clinic)	.. ..	1
Admitted to Lady Chichester Hospital (In-Patient)	.. ..	1

In addition, 12 cases from the County area have been referred to the Hove Clinic and the following summary gives an indication of the work involved :

### Psychiatrists—

Diagnostic Interviews	.. ..	44
Treatment Interviews	.. ..	434

### Educational Psychologist—

Diagnostic Interviews	.. ..	77
Coaching Interviews	.. ..	120
Tests in School	.. ..	—
School Visits	.. ..	12

### Psychiatric Social Worker—

Interviews in Clinic	.. ..	411
School Visits	.. ..	18
Home and Other Visits	.. ..	248

## SPEECH THERAPY, 1957.

Type of Defect	Discharged		Under Treatment		TOTAL
	Im- proved	Not Im- proved	Im- proved	Not Im- proved	
Stammer ..	4	2	5	2	13
Dyslalia ..	24	—	20	1	45
Nasality ..	—	—	1	—	1
Sigmatism ..	4	—	7	—	11
Delayed Speech	3	—	1	—	4
Cleft Palate ..	1	—	1	1	3
Other defects ..	—	—	2	—	2
	36	2	37	4	79

Number of cases under treatment in January 1957	..	39
New cases referred during the year	.. ..	104
Number of cases discharged	.. ..	38
Total number treated	.. ..	79
Number of Clinic Sessions	.. ..	155
Number of Visiting Sessions	.. ..	9
Attendances	.. ..	923
Number waiting in December 1957	.. ..	102



**TABLE V.**

**DENTAL INSPECTION AND TREATMENT.**

**Carried out by the Authority.**

(1)	Number of pupils inspected by the Authority's Dental Officers :			
	(a)	At Periodic Inspections	.. ..	6720
	(b)	As Specials	.. ..	954
		Total (1)	..	<u>7674</u>
(2)	Number found to require treatment			.. .. 4846
(3)	Number offered treatment			.. .. 3560
(4)	Number actually treated			.. .. 1980
(5)	Attendances made by pupils for treatment			.. 5530
(6)	Half days devoted to :			
		Periodic (School) Inspections		45
		Treatment	.. ..	969
		Total (6)	..	<u>1014</u>
(7)	Fillings	Permanent Teeth	..	2770
		Temporary Teeth	..	420
		Total (7)	..	<u>3190</u>
(8)	Number of teeth filled	Permanent Teeth	..	2349
		Temporary Teeth	..	398
		Total (8)	..	<u>2747</u>
(9)	Extractions	Permanent Teeth	..	849
		Temporary Teeth	..	1837
		Total (9)	..	<u>2686</u>
(10)	Administration of general anaesthetics for extraction			1050

**TABLE V (Contd.)**

(11) ORTHODONTICS :

(a)	Cases commenced during year	..	6
(b)	Cases carried forward from previous year		1
(c)	Cases completed during year	..	4
(d)	Cases discontinued during year	..	—
(e)	Pupils treated with appliances	..	6
(f)	Removable appliances fitted	..	4
(g)	Fixed appliances fitted	..	2
(h)	Total attendances	..	45

(12) Number of pupils supplied with artificial dentures .. 4

(13) Other operations :

Permanent Teeth	..	..	..	1300
Temporary Teeth	..	..	..	223
Total (13)				1523





